



# COMMONWEALTH of VIRGINIA

## Department of Mental Health, Mental Retardation and Substance Abuse Services

JAMES S. REINHARD, M.D.  
COMMISSIONER

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Voice/TDD (804) 371-8977  
[www.dmrhmrzas.state.va.us](http://www.dmrhmrzas.state.va.us)

### MEMORANDUM

**TO:** CSB and BHA Executive Directors

**FROM:** Joy Yeh, Ph.D., Assistant Commissioner, Financial Administration

**DATE:** April 3, 2002

**SUBJECTS:** **Potential Insurance Savings Available-Local Government Insurance Programs**  
**Organizational Representative Payees-Fee for Service**

The Office of Financial Reporting and Compliance (Director, Ken Gunn) has analyzed the Schedules of Insurance contained in the FY 2001 CSB Audit Reports. Per our initial review, we believe some of the CSBs may be able to achieve substantial savings on their insurance and payee programs.

We have identified some excellent sources for you to obtain insurance quotes. You are not required to engage in competitive bidding in order to obtain quotations from these sources because they are either state government or non-profit quasi-governmental organizations. The sources are listed below with their offerings:

Organization	Offerings/Insurance Programs	Phone Number	Approx Response Time (for Quote)
<b>VaRISK 2</b> (Dept of the Treasury)  Contact: Joyce Palmer <a href="mailto:joyce.palmer@trs.state.va.us">joyce.palmer@trs.state.va.us</a>	* Public Officials/General Liability *Medical Malpractice *Auto Physical Damage/Liability	(804) 786-3152  FAX: (804) 371-1400	1 week
<b>VML</b> (Virginia Municipal League)  Contact: Cathie Moreland-Hasty <a href="mailto:chasty@vml.org">chasty@vml.org</a>	*Workers Comp *Public Officials Liability *Property & Casualty *Auto Physical Damage/Liability *Others	(888) 295-4865  FAX: (804) 643-0351	30 days
<b>VACo</b> (Virginia Association of Counties)  Contact: Chris Carey <a href="mailto:chris@vacoins.org">chris@vacoins.org</a>	*Workers Comp *Public Officials Liability *Property & Casualty *Auto Physical Damage/Liability *Health Ins and Others	(888) 822-6772  FAX: (540) 345-5330	1-2 weeks
<b>The Local Choice</b> (Dept of HR Mgt) Contact: Walt Norman <a href="mailto:wnorman@dhrm.state.va.us">wnorman@dhrm.state.va.us</a>	*Health Insurance	(804) 786-6460 FAX: (804) 371-0231	10 days

**Memo To: CSB and BHA Executive Directors**

**April 3, 2002**

**Page 2**

We have attached the necessary application forms and information from each source that you will need to submit to obtain quotations. There is a possibility that some of these sources may not provide you with a quote. This is usually because you might have a high loss ratio. They will, however, provide reasons for not quoting. Please contact DMHMRSAS should you encounter difficulties obtaining quotes (for example, if you are in the assigned risk category for workers' comp insurance). **We have had some communication from The Local Choice Program where a CSB was unable to obtain a quotation because the CSB identified itself as a non-profit. Even though some CSBs may have established the Board as a non-profit, by Code, CSBs are considered political subdivisions of local governments. Hence, CSBs should be eligible for all local government insurance programs.**

Now is the time for many of you to evaluate your current policies since many renew at the start of the fiscal year (July 1). We encourage you to explore these opportunities and are hopeful that you will be able to achieve some valuable budget savings over these next few "lean" years.

### **Organizational Representative Payee - Potential Cost Recovery/Savings**

Another area you may wish to evaluate for cost recovery and savings is your representative payee program. The Guide for Organizational Representative Payees (Social Security Administration), permits a "fee-for-service" for providing representative payee services. The authorized fee is the lesser of 10% of the monthly benefit or \$30 per representative payee. To receive this fee, you must have written authorization from the SSA. For complete details, see the above referenced Guide ([www.ssa.gov](http://www.ssa.gov)).

To assist you even further, the Office of Financial Reporting and Compliance is planning to notify you of some additional savings areas concerning utility and tax savings over the next few months. We will attempt to specifically identify the areas and procedures to achieve savings.

If you need additional assistance from DMHMRSAS concerning any of these issues, please contact Ken Gunn at (804) 786-1555 or Nauri Ahmed at (804) 371-4613.

Thank you.

JY/nda

pc: James S. Reinhard, M.D.  
Julie Stanley  
Paul Gilding  
Cathie Moreland-Hasty, VML  
Joyce Palmer, VaRISK 2  
Chris Carey, VACo  
Walt Norman, The Local Choice Program  
Kenneth M. Gunn, Jr.  
Nauri D. Ahmed

**COMMONWEALTH OF VIRGINIA  
DEPT OF THE TREASURY  
DIVISION OF RISK MANAGEMENT**

**VaRISK2 PROGRAMS**

\*Public Officials/General Liability

\*Medical Malpractice

\*Auto Physical Damage and Liability

(must be VaRISK2 member to participate or receive quote)

**Procedures to Obtain Quote:**

1. Complete VaRISK 2 Application (attached)
2. Mail or Fax to Address on Application
3. Allow 2-5 days for processing

**Procedures to Obtain Quote (Auto):**

1. Log on website: [www.trs.state.va.us](http://www.trs.state.va.us)  
go to Risk Management and click on VACCS icon
2. Follow step- by- step procedures
3. Allow 2-5 days for processing

Contact Information:

Joyce Palmer (804) 786-3152

[joyce.palmer@trs.state.va.us](mailto:joyce.palmer@trs.state.va.us)

Fax (804) 371-1400

Division of Risk Management, P.O. Box 1879, Richmond, VA 23218

---

---

COMMONWEALTH OF VIRGINIA  
LOCAL GOVERNMENT RISK MANAGEMENT PLAN  
VaRISK 2 Application

---

Division of Risk Management \* P.O. Box 1879, Richmond, VA 23218-1879 \* 1.800.678.4924

---

Legal Name of Entity \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

A. Budget: (for current fiscal year, excluding capital expenditures)

FY\_\_\_\_\_ Revenues \$ \_\_\_\_\_ Expenditures \$ \_\_\_\_\_

D. Does Entity administer Transit Authority ☐; Utility ☐; or Social Services Agency ☐?  
(Check boxes that apply and attach description and budget separately, excluding budget from Section B)

E. Does Entity carry Public Official's ☐; Medical Malpractice ☐; Law Enforcement ☐; Educator's ☐, or General Liability Insurance ☐? (Check boxes that apply and attach list of companies and policy limits. )

- F. 1. Has any employee or applicant made a claim alleging unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment?  
Yes ☐ No ☐ (If yes, attach separate sheet with date, nature, any costs and present status of each claim.)
2. Has the entity been sued regarding discrimination, ADA, sexual harassment or other civil rights claims, excluding law enforcement claims? Yes ☐ No ☐ (If yes, attach separate sheet with date, nature, any costs and present status of each claim. )
3. Have other claims been made for anything other than the above, Workers' Compensation, auto or police liability? Yes ☐ No ☐ (If yes, attach separate sheet with date, nature, any costs and present status of each claim.)

G. Complete if Medical Malpractice coverage is requested (Please provide full information on work of all medical personnel to be covered. Attached additional pages as necessary.)

	<u>Number</u>	<u>Full Time</u>	<u>Part Time</u>	<u>Hours Per Week</u>
Psychiatrist	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Psychologist	_____	_____	_____	_____
General Practitioner	_____	_____	_____	_____
RNs	_____	_____	_____	_____
LPNs	_____	_____	_____	_____
Family Practice:	_____	_____	_____	_____
Pediatrician	_____	_____	_____	_____
Internal Medicine	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____

---

---

H. Number of Employees (other than School and Law Enforcement personnel):

Full Time Employees \_\_\_\_\_ Part Time Employees \_\_\_\_\_ Volunteers \_\_\_\_\_

I. Complete if Law Enforcement Coverage is requested

1. Number of Full Time Officers with Arrest Authority \_\_\_\_\_

2. Number of Part Time Officers with Arrest Authority \_\_\_\_\_

3. Number of Support Staff without Arrest Authority \_\_\_\_\_

Date of last authorized revised policy and procedures manual \_\_\_\_\_

Do you have written policies governing:

1. Vehicle responding to calls? Yes ☐ No ☐ Policy Date \_\_\_\_\_

2. Vehicle "Hot Pursuit"? Yes ☐ No ☐ Policy Date \_\_\_\_\_

3. Use of deadly force? Yes ☐ No ☐ Policy Date \_\_\_\_\_

4. Use of non-deadly force? Yes ☐ No ☐ Policy Date \_\_\_\_\_

Law Enforcement Contact: Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Law Enforcement Claims History for Past Three Years (Please explain in detail and attach additional sheets if necessary.)

Year	Number of Claims	Description	Cost Estimate
------	---------------------	-------------	---------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

J. Please complete if Educator's Liability coverage is requested:

Number of Full Time Teachers \_\_\_\_\_ Number of Part Time Teachers \_\_\_\_\_

Number of Administrators/Support Staff \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

Number of Students \_\_\_\_\_ Other positions (Specify) \_\_\_\_\_

K. PRINT the Name and title of official designated to receive all information regarding the VaRISK 2 Plan at the address listed in Section A.

Name \_\_\_\_\_ Title \_\_\_\_\_

I. The UNDERSIGNED certifies all information herein is accurate.

Name\_\_\_\_\_ Date\_\_\_\_\_  
(signature of the person named in K. Above)

---

## **VIRGINIA MUNICIPAL LEAGUE (VML)**

### **PROGRAMS**

- \*Workers' Compensation
- \*Public Officials Liability
- \*Comprehensive General Liability
- \*Automobile Liability & Physical Damage
- \*Excess Liability
- \*Property & Inland Marine
- \*Boiler & Machinery
- \*Crime & Bond

#### **Procedures to Obtain Quote (Workers Comp):**

1. Complete Workers' Comp Application (attached)
2. Mail or Fax to Address on Application

#### **Procedures to Obtain Quote (other programs):**

1. Complete Attached Schedules (Auto, Buildings, Equip)
2. Mail or Fax to VML and include:  
Copy of Budgeted Expenses, Special Coverage  
Information, loss history for the past 3 years
3. Allow 30 days for processing

chasty@vml.org

Fax

(804) 643-0351

The Virginia Municipal League

P.O. Box 12164, Richmond, VA 23241

**VIRGINIA MUNICIPAL GROUP SELF INSURANCE ASSOCIATION – Workers' compensation**

**Application for Quotation**

Applicant: \_\_\_\_\_

Contact: \_\_\_\_\_

1. Provide the most recent payroll figures by classification below or provide a copy of your current policy.

Classification	Code	Payroll

2. Provide premiums, losses, experience modification factors and total payrolls for the previous five years. – **or** Federal Identification Number if experience modification listed with NCCI.

Federal Id #: \_\_\_\_\_

Premium	Losses	Experience Mod. Factor	Total Payroll
1997-98			
1998-99			
1999-00			
2000-01			
2001-02			

3. Expiration date of current coverage: \_\_\_\_\_

4. List any losses over \$20,000 for the past five years.

Date	Injury	Total Amount	Open/Close

5. Large Deductible Option Requested? If so, deductible options requested: \_\_\_\_\_

6. Return to:

**Cathie Moreland-Hasty, Associate Underwriter, VML Insurance Programs**  
**P. O. Box 12164, Richmond, VA 23241**  
**Fax: 804-643-0351**

**Email: [chasty@vml.org](mailto:chasty@vml.org)**

**VIRGINIA MUNICIPAL GROUP SELF INSURANCE ASSOCIATION**  
**Workers' Compensation Classifications for Political Subdivisions**  
**Community Services Boards**

**NOTE:**

This summary of information is provided as a guide. It is not intended to substitute for the NCCI Basic Manual for Workers' Compensation and Employers Liability Insurance Classifications. If you are uncertain as to the proper classification of an employee, call your underwriter at 1-888-295-4865.

***Charitable or Welfare Organization - Professional - 8861***

Includes:

- Social, rehabilitative, educational and/or training centers for the mentally, physically or emotionally handicapped

Excludes:

- Clerical and administrative employees - rated under code 8810

***Hospital: Professional Employees - 8833***

Includes:

- All professional personnel including physicians, nurses and support personnel
- Clerical personnel even if not within the premises of the hospital
- Professional employees of a mental health hospital or juvenile detention center

***Mental Health Department - 8832***

Includes:

- All employees of outpatient mental health department
- All clerical employees of the department

***School Professional Employees - 8868***

Includes:

- Teachers, teacher aids, school librarians, administrators and clerical staff
- Guidance counselors, therapists, school nurses and athletic coaches



## **VIRGINIA MUNICIPAL LIABILITY POOL**

**As we do not fall under procurement, it is not necessary to go out to bid in order to receive a quotation from us.**

Should a locality decide to go out to bid, we can provide a sample specification document to aide in the process. Please call or e-mail us to request a copy.

The following information will be needed to either receive a quote directly from us or to complete the specifications:

- Expenditure side of the budget (general liability)
- Automobile Schedule with options noted for comp, collision and medical payments (see attached schedule)
- Schedule of Buildings and contents with values and construction type (see attached schedule)
- Schedule of equipment with values (see attached schedule)
- Notes or limits for any special coverages including bonds, valuable papers, boiler & machinery etc.
- Payrolls by class for workers' compensation (see Application for Quote Form)
- Loss history for at least the past three years for all requested lines of coverage

If you have any questions or need anything further, please let me know.

Thank you for your interest in VML Insurance Programs. We look forward to working with you.

Contact Information:

Cathie Moreland-Hasty  
Underwriter  
VML Insurance Programs  
P. O. Box 12164  
Richmond, VA 23241  
888-295-4865 – phone  
804-643-0351 – fax  
chasty@vml.org

# Virginia Municipal Liability Pool

## Automobile Information

**CSB:**

[illegible]



[illegible]

# VIRGINIA MUNICIPAL LIABILITY POOL

## EQUIPMENT SCHEDULE

<u>ITEM NO.</u>	<u>DESCRIPTION OF COVERED PROPERTY , MODEL, SERIAL#</u>	<u>LIMIT OF INSURANCE</u>
-----------------	---	-------------------------------

[illegible]

# **VIRGINIA ASSOCIATION OF COUNTIES (VACo)**

## **PROGRAMS**

- \*Workers' Compensation
- \*Public Officials Liability
- \*Comprehensive General Liability
- \*Automobile Liability & Physical Damage
- \*Excess Liability
- \*Property & Inland Marine
- \*Boiler & Machinery
- \*Crime & Bond
- \*Health Insurance (must call VACo)
- \*Equipment Maintenance

### **Procedures to Obtain Quote (No Forms Needed):**

1. Assemble the following information:
  - \*Workers' Comp-Payroll by class codes and loss history for the past 3 years
  - \*Property and Equipment Schedules, Budgeted Expenses, loss history for the past 3 years
2. Mail or Fax to VACo
3. Allow 1-2 weeks for processing

#### Contact Information:

Chris Carey  
chris@vacoins.org

(888) 822-6772

<b>New Address &amp; Fax (Effective) 3/1/02)</b>
Virginia Association of Counties 104 Church Ave, S.E. Roanoke, VA 24011 FAX: (540) 345-5330



# **COMMONWEALTH OF VIRGINIA DEPARTMENT OF HUMAN RESOURCES MANAGEMENT**

## **“THE LOCAL CHOICE” HEALTH INSURANCE PROGRAM”**

### **Procedures to Obtain Quote (must complete & sign 4 page application)**

1. Complete “The Local Choice”, Commonwealth of Virginia, Health Benefits Program Application  
(form available on web: [www.thelocalchoice.state.va.us](http://www.thelocalchoice.state.va.us)  
(select Forms Icon, then Group Application)
2. Sign and Mail to the Dept of Human Resource Management
3. Allow ten days for processing quote

Contact Information: Walt Norman (804) 786-6460  
[wnorman@dhrm.state.va.us](mailto:wnorman@dhrm.state.va.us).

FAX (804) 371-0231

Commonwealth of Virginia  
Dept of Human Resource Management  
The Local Choice Health Benefits Program  
101 N. 14<sup>th</sup> Street-13<sup>th</sup> Floor  
Richmond, VA 23219